



# ***Motor Vehicle Commission***

Trenton, New Jersey

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STATE OF NEW JERSEY  
P.O. Box 171

Legislation has been approved for the registration of facilities who wish to install sun screening material to motor vehicle windows for medical purposes.

We are sending you this copy of the regulations for your information. If after review of the documentation you are interested in being registered, please return the enclosed application along with the required \$100.00 application fee.

If you have any questions, please call (609)292-4517.

Sincerely,

Business License Compliance Unit

Enclosures



# New Jersey Motor Vehicle Commission

Business License Compliance  
P.O. Box 171  
Trenton, New Jersey 08666-0171  
609-292-4517

## APPLICATION FOR SUN SCREEN MATERIAL INSTALLATION FACILITY LICENSE

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_

Date: \_\_\_\_\_

Reg. No. \_\_\_\_\_

Approved by: \_\_\_\_\_

Corp Code: \_\_\_\_\_

1. \_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_ Business Phone

\_\_\_\_\_ Street Address

### 2. Please Check

☐ Corporation ☐ Partnership

☐ Proprietorship

☐ Other \_\_\_\_\_

\_\_\_\_\_ City State Zip

All applicants please provide the following information and attach copies of the proof thereof:

A. New Jersey Sales Tax No. \_\_\_\_\_

B. New Jersey Unemployment Registration No. \_\_\_\_\_

C. Federal Employer Identification No. \_\_\_\_\_

Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have the owners, partners or corporate officers ever been charged or convicted of violating the Consumer Fraud Act N.J.S.A. 56:8-1 et seq., or any regulations adopted thereunder?

☐ Yes If yes, explain:  
☐ No

5. Have the owners, partners or corporate officers ever been denied, or had suspended or revoked, a license or registration to engage in the business, profession, or occupation licensed or registered under the laws of any state?

☐ Yes If yes, explain:  
☐ No

6. Have the owners, partners, or corporate officers any interest in other sun-screening material installation facility or any motor vehicle related business?

☐ Yes

☐ No If yes, give name and license number of business. \_\_\_\_\_

7. Does any stockholder own more than 10% of the corporations stock?

☐ Yes If yes, give name, address and holding

☐ No

8. \_\_\_\_\_  
Place of Incorporation

\_\_\_\_\_  
Date of Incorporation

\_\_\_\_\_  
Date of authorization to do business in New Jersey

**ATTACH COPY OF THE CERTIFICATE OF INCORPORATION WHICH HAS BEEN FILED WITH THE N.J. SECRETARY OF STATE. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.**

9. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Director shall be reasonable and proper grounds for registration suspension or revocation. **He further agrees to notify Motor Vehicle Services immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.**

10. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am \_\_\_\_\_ of the above business and the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of the

\_\_\_\_\_ who is \_\_\_\_\_ of said  
President, Vice President  
Corporation.

\_\_\_\_\_  
Signature of Secretary

**BUSINESS LICENSE COMPLIANCE  
SUPPLEMENTARY APPLICATION**

BUSINESS NAME				BUSINESS PHONE #			
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
5. DATE OF BIRTH (MO. DAY, YEAR)				6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)			
7. SEX		8. HEIGHT			9. WEIGHT		10. COLOR OF EYES
11. SOCIAL SECURITY NUMBER			12. DRIVER LICENSE NUMBER (STATE)				
13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    YES    NO  IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.							
14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  SIGNATURE: _____ DATE _____							
1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY							
2. STREET ADDRESS				CITY		STATE	
3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?						HOME PHONE #	
4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.							
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STATE OF NEW JERSEY  
Motor Vehicle Commission  
Business License Compliance

**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

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Applicant's Name (Print)

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Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arranged amounts equal or exceed the amount of child support payable for six months? ☐ Yes ☐ No
3. Are you subject to a child-support warrant? ☐ Yes ☐ No

I certify that the foregoing responses made by me are true and I am aware that the making of false statement may subject me to contempt of court.

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Signature

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Date

BLC-43 (R6/03)